

P03000141702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

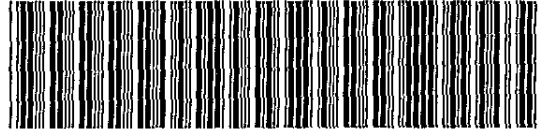
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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11/20/03

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** GOT YOU COVERED FLOORING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** CLINTON P. SMITH  
Name (Printed or typed)

11348 MURCOTT WAY  
Address

LAND O' LAKES, FLORIDA 34639  
City, State & Zip

(727) 858-9388  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

GOT YOU COVERED FLOORING, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11348 MURCOTT WAY  
LAND O' LAKES, FLORIDA 34639

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE INSTALLATION OF FLOORING

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CLINTON P. SMITH, PRESIDENT, VICE PRESIDENT  
GINA R. DILLS, SECRETARY, TREASURER

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CLINTON P. SMITH  
11348 MURCOTT WAY  
LAND O' LAKES, FLORIDA 34639


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

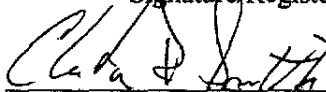
CLINTON P. SMITH  
11348 MURCOTT WAY  
LAND O' LAKES, FLORIDA 34639

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

11/19/03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/19/03  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA